

## BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						09 / 86884					
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/					51			
2		/		/				52			
3	2			/				53			
4	1			/				54			
5	1			/				55			
6	1			/				56			
7	1			/				57			
8	1			/				58			
9	1			/				59			
10	1			/				60			
11	1			/				61			
12	1			/				62			
13	1			/				63			
14	1			/				64			
15	1			/				65			
16	1			/				66			
17	1			/				67			
18	1			/				68			
19	1			/				69			
20	1			/				70			
21	1			/				71			
22	1			/				72			
23	1			/				73			
24	1			/				74			
25	1			/				75			
26								76			
27								77			
28								78			
29								79			
30								80			
31								81			
32								82			
33								83			
34								84			
35								85			
36								86			
37								87			
38								88			
39								89			
40								90			
41								91			
42								92			
43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.	/	/		/				TOTAL IND.			
TOTAL DEP.	25			17				TOTAL DEP.			
TOTAL CLAIMS	26			18				TOTAL CLAIMS			